

II. Access to Primary Care for Uninsured Members

As part of the pharmacy expansion program, the Commonwealth would promote access to existing primary health care services for those served by the waiver who do not have health insurance coverage for primary care services. To do this, the administering agency would refer such applicants to health care services that are currently available to low-income uninsured populations. These activities will help promote improved health outcomes for those served by this pharmacy expansion program by ensuring that they are aware of their access to primary health care treatment.

Uninsured Plan Members and Applicants

During the application process, the administering agency will identify, through self-reporting, individuals who do not have health insurance. Additionally, applicants will be screened for potential eligibility for MassHealth. Applicants who indicate on their application that they do not have health insurance coverage will be sent an informational package on available primary care. The informational package will include:

- A narrative on the importance and impact of comprehensive primary health insurance coverage on a person's health, in concert with prescription drug coverage;
- A description of the availability of affordable primary health care for uninsured low-income individuals through the Uncompensated Care Pool (described below).

Additionally, the administering agency will develop a referral system to provide ongoing referrals to the services provided through the Uncompensated Care Pool to uninsured individuals served by this expansion. A tracking system for those referrals will be established.

The Uncompensated Care Pool

The Massachusetts legislature established the Uncompensated Care Pool in 1985 as a financing mechanism to distribute the burden of bad debt and providing free care (together known as uncompensated care) more equitably among acute care hospitals. The Pool was intended to help pay for the cost of providing care to the uninsured and underinsured, and also to eliminate financial disincentives that a hospital might have to provide such care. The Pool's free care provider network was later expanded to include services provided at community health centers in the Commonwealth. The number of health care providers receiving payments from the Pool in fiscal year 2000 was 68 acute hospitals and 31 community health centers. The Pool pays hospitals and community health centers for medically necessary services provided to:

1. Patients deemed financially unable to pay, in whole or in part, for their care;

2. Uninsured patients who receive emergency care for which the costs have not been collected after reasonable efforts; or,
3. Patients in situations of medical hardship where major expenditures for health care have been depleted or can reasonably be expected to deplete the financial resources of the individual to the extent that medical services will be unpaid.

Individuals with family incomes at or below 200% of the federal poverty level (FPL) are eligible for full free care.

Coordination with the Uncompensated Care Pool

The agency administering the pharmacy expansion will coordinate with the Uncompensated Care Pool's health care provider network to inform them that Prescription Advantage will generate referrals to them. The agency will mail written information to community health centers about the program's role in identifying and referring uninsured individuals. The mailing will describe benefits services provided under this waiver amendment.